



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

2013 OCT 1 6 09 19

Fill in dates:

Reporting Period Beginning Month / Date Year Ending Month / Date Year
/ / 2013 9 20 2013

Type of report: (Check one)

☒ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Full Name of Candidate (if applicable)

Office Sought and District

Residential Address

Tel. No. (optional)

COMMITTEE TO ELECT LAWRENCE J FINNERTY

Committee Name

PAUL R. PACHECO

Name of Committee Treasurer

1135 BEVERLY ST NEW BEDFORD

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 630.33
Line 2: Total receipts this period (page 2, line 11) \$ 7,195.00
Line 3: Subtotal (line 1 plus line 2) \$ 7,825.33
Line 4: Total expenditures this period (page 3, line 14) \$ 2,860.93
Line 5: Ending balance (line 3 minus line 4) \$ 4,964.40
Line 6: Total in-kind contributions this period (page 4) \$ 0
Line 7: Total (all) outstanding liabilities (page 4) \$ 1,550.00
Line 8: Name of bank(s) used New Bedford Credit Union

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Treasurer's signature (in ink)

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Candidate signature (in ink)

Date

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/19/13	Angelo, Helder ^{4 Utley St.} S. Dartmouth	100 00	
9/11/13	Beauregard, Steven ^{248 Reed St.} New Bedford	100 00	
9/19/13	Brum, Nelson ^{82 Longview Rd} New Bedford	200 00	Self Employed Financial Analyst
9/19/13	Callahan, Maureen ^{981 Tradeview St} Dartmouth	100 00	
9/19/13	Connolly, William ^{48 Maple St} New Bedford	100 00	
9/12/13	Daly, Robert ^{244 Hawthorn} New Bedford	100 00	
9/14/13	De Rossi, Steven ^{224 Old Westport Rd.} N. Dartmouth	100 00	
9/15/13	Finnerty, Joseph ^{111 Rockway St} New Bedford	100 00	
9/16/13	Flinn, Martin ^{39 Little Oak Rd} New Bedford	100 00	
9/17/13	Furtado, William ^{15 Algonquin Way} E. Freetown	100 00	
9/13/13	Garcia, Fernando ^{53 Snow St} New Bedford	100 00	
9/12/13	Hacking, George ^{233 Adams St} Fairhaven	200 00	Retired
9/15/13	Hockman, Michael ^{16 Burns St} New Bedford	100 00	
9/19/13	Lebeauf, Albert ^{66 Gifford Ln} New Bedford	100 00	
9/12/13	Letendre, Debra ^{66 Holly Tree Ln} New Bedford	100 00	
Line 9: Total receipts in excess of \$50 (or listed above)		3,750 00	
Line 10: Total receipts \$50 and under* (not listed above)		3,445 00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		7,195 00	Enter on page 1, line 2

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/16/13	Maclean, P.O. Box 230 William Fairhaven	100 00	
9/15/13	Robredo, Jack 18 Tremont St New Bedford	100 00	
9/13/13	Oliveira, Bruce 119 Plymouth St New Bedford	100 00	
9/15/13	Oliveira, Lawrence 35 Eastland Terrace New Bedford	200 00	Chief Financial Officer Bristol County House of Corrections
9/14/13	Oliveira, Michael 23 Valer's St. New Bedford	100 00	
9/12/13	Parker, Robert 256 Beeden Rd. N. Dartmouth	100 00	
9/19/13	Ryan, James 12 Lincoln St. New Bedford	100 00	
9/19/13	Saunders, John 344 Cornell St New Bedford	100 00	
9/19/13	Tarpey, Thomas 169 Reed St New Bedford	100 00	
9/15/13	Therrien, Robert 9 Seminole Rd S. Dartmouth	100 00	
9/13/13	Thomas, David 5 Yankee Way N. Dartmouth	100 00	
9/14/13	Tavarez, Shaun 17 Bryant St N. Dartmouth	100 00	
9/19/13	Twomey, Joseph 44 Highland Ave Westport	100 00	
9/15/13	Vernonneau, Michael 9 Florence St Fairhaven	100 00	
9/19/13	Vogel, James 42 Hiller Rd Rochester	100 00	
Line 9: Total receipts in excess of \$50 (or listed above)			
Line 10: Total receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/14/13	Walsh, Thomas 900 Hillcrest Rd. New Bedford	100 00	
9/19/13	Welch, Thomas 1878 Shawmut Ave New Bedford	150 00	
9/14/13	White, Steven 34 Alice St. N. Dartmouth	100 00	
9/19/13	Wiley, Edward 431 Brownell Ave New Bedford	100 00	
Line 9: Total receipts in excess of \$50 (or listed above)			
Line 10: Total receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
9/20/13	Century House	107 S. Main St Acushnet, Ma	Fundraiser Buffet	2,760	00
8/16/13	Monaghan Printing	59 Alder Rd. Fairhaven, Ma	Printing Election Materials	100	93
Line 12: Expenditures over \$50				2,860	93
Line 13: Expenditures \$50 and under*					
Line 14: TOTAL EXPENDITURES				2,860	93

Enter on page 1, line 4

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	0

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
9/10/09	<i>Mr. Finnerty</i>	1135 Beverly St New Bedford, Ma	Loan to Committee	550
9/14/09	<i>Mr. Finnerty</i>	" " "	" " "	1000
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	\$1,550